L22000218448

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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	Registration Se Division of Co			
SUBJEC	Yes Primo.			
aunar.c	.1:		ited Liability Company	
		Amendment and fee(s) are sub		
riease re	turn an correspo	ondence concerning this matter	to the following:	
		Jose Garcia		
			Name of Person	vertical Annia Carallella Gradus (1899)
		6955 nw 52 st #8		
			Firm/Company	
		6955 nw 52 st #8		
			Address	 -
		Miami, Fl. 33166		
			City/State and Zip Code	
		primofundingfle@gmail.com	ni to be used for future annual report notif	ication)
For furth	er information o	concerning this matter, please c		
Giannina Nicolleti 786 3075542 at (
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.	00 Filing Fee	S30,00 Filing Fee & Certificate of Status	El \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

. . .

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yes Primo, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability C	ompany were Hed on 05/09/22	and assigned
Florida document number 1.22000218448	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Primo Business Consultants, ELC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		: 20
Principal office address MUST BE A STREET ADDR	YESS)	23 TAR -
		<u> </u>
Enter new mailing address, if applicable:		999 = M
Mailing address MAY BE A POST OFFICE BOX)	100 Marie 100 Ma	ب ۾ اين
Andreas and the second		——————————————————————————————————————
•		
 If amending the registered agent and/or registered agent and/or the new registered office address here: 	l office address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	r'ss
	I	dorida
	Chy	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		CIRemove	
			□Change
			DAdd
			□Remove
			TlChange
			□Remove
	·		(IClange
			DAdd
			□Remove
			□Change
		·-···	
		DRemove	
			IChange
			①Add
			ERemove
			Total.

				
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Tective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this bloc becument's effective date on the Department.	k does not meet the app	licable statutory f	(option more than 90 days after filing requirements, this	filling.) Pursuant to 605,020
record specifies a delayed effective c is filed.	late, but not an effectiv	e time, at 12:01 a.	m, on the earlier of: (b	 The 90th day after the
January, 20th	2023			
		ML		
		1 F.11 E		
Ši	gnature of a member or as	uho izeli representa	tive of a member	

Filing Fee: \$25.00